

## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Computer Readable Form (CRF)?:: No  
Title:: TISSUE ENGINEERED CARTILAGE FOR  
DRUG DISCOVERY  
Attorney Docket Number:: 047940-0119  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Koichi  
Family Name:: MASUDA  
City of Residence:: Wilmette

14503 S. PHEASANT

**State or Province of** Illinois  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 827 Lavergne Avenue

**City of mailing address::** Wilmette  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60091

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Eugene J-M.A.  
**Family Name::** THONAR  
**City of Residence::** Lockport  
**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** 14503 S. Pheasant  
**City of mailing address::** Lockport  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60441

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Brian

**Family Name::** PFISTER  
**City of Residence::** Wilmette  
**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** 108 16th Street  
**City of mailing address::** Wilmette  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60091

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Michael  
**Family Name::** HEJNA  
**City of Residence::** Riverside  
**State or Province of Residence::** Illinois  
**Country of Residence::** US  
**Street of mailing address::** 236 Shenstone Road  
**City of mailing address::** Riverside  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60546

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#### Correspondence Information

**Correspondence Customer Number::** 23524

**E-Mail address::** mkassel@foleylaw.com

**Representative Information**

<b>Representative Customer Number::</b>	23524	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::**